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ABSTRACT

To assist the many children who are experiencing reading difficulties, the classroom teacher must become skilled in the diagnosis and treatment of reading problems. A review of reading research reveals that future classroom teachers will be called upon to regard the diagnosis and treatment of learning difficulties as a crucial part of their role as teachers. A study with approximately 150 primary-school teachers in Australia asked them to provide comprehensive information concerning their current practices in diagnosis and treatment of reading difficulties. It was concluded from analysis of the data that reading diagnosis and treatment was unsuccessful and inadequate. To correct this deficiency, extensive preservice and inservice training of teachers in diagnosis and treatment is needed. One effective inservice program sought to develop a strong commitment to the concept of improving instruction for retarded readers and to provide teachers with knowledge, skills, and understandings of a practical nature, plus a specific approach capable of adaption to individual classroom situations. Emphasis was given to practical experiences through the use of model lessons, mockup situations, and observation. However, further research is needed to assess the value of such programs in terms of problem readers and the conditions of the school. A bibliography is included. (VJ)

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SPECIAL PROGRAMMES OF TEACHER EDUCATION

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## **SPECIAL PROGRAMMES OF TEACHER EDUCATION**

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(Text of an address delivered by Graham G. Weule at a sectional meeting of the Third World Congress on Reading sponsored by the International Reading Association in Sydney, during August, 1970)

Many thousands of children in the schools of today are experiencing reading difficulties to such a degree that they become academic failures, culturally deprived, discouraged and inadequate people, unable to cope with the demands and pressures of modern life. The teacher is clearly obligated to do all that is possible for the retarded reader. Successful action on his part is greatly hampered by lack of knowledge and skill, official encouragement and conditions of classroom management. The situation demands investigation in terms of the teacher's role, the status of diagnosis at present and ways and means of ensuring adequate provision for retarded readers in the future.

My special emphasis is focused upon INSERVICE EDUCATION of teachers in Diagnosis and Treatment of Reading Problems with most of the emphasis at present upon diagnosis.

What is the role of the teacher in diagnosis and treatment of such learning problems? Has the teacher a role to play at all in diagnosis or is this the sacred province of the "specialist"? I have approached this problem from three directions.

- (a) By an extensive review of the literature relevant to this question

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- (b) By a research study which looks closely at the current practice of diagnosis and treatment of reading problems within the schools of New South Wales.
- (c) By conducting an Inservice Training Programme for teachers on the Correction of Reading Problems in the Classroom which was followed up by an evaluation by those attending the course.

An extensive review of the literature reveals that in the future classroom teachers will be increasingly called upon to regard the diagnosis and treatment of learning difficulties as a crucial part of their role as teachers. The factors underlying this statement include the following:

1. Diagnosis is good teaching and so an essential attribute of any master teacher. The principles of diagnosis enunciated by such writers as Sheldon (1960, p.2), Bond and Tinker (1957, 1967, p.126) and many others are concerned largely with sound instruction, individual differences and the child's background and progress. These principles do not indicate new areas of responsibility for the master teacher.
2. The masses of technical and detailed recommendations often provided by clinic or specialist for the use of the classroom teacher are not implemented, for various reasons, but the outcome is that no benefit accrues to the child with learning problems. Only the teacher, involved as he is in the actual situation can plan and initiate practical recommendations that are within his ability and resources. Only as he is involved in diagnosis will the teacher develop the knowledge and insights to do this
3. Follow up studies on Remedial Programmes reveal that "crash programmes" achieve little of lasting benefit to the child experiencing learning difficulties.
4. Some seek the answer through a particular organisation of learning - be it ungrading, team teaching, departmentalisation or one of the many modifications. Research reports suggest that pupil growth depends on teacher effort and capability more than on such factors as school organisation and methods. (Sartain, in N.S.S.E. Yearbook, 1968, p 233). Overall school organisation cannot provide for individual differences in reading growth; this can be done only by the teacher in the classroom. Of course, excellent organisation can enhance the teacher's effectiveness by providing the flexibility and resources teachers need to present integrated and meaningful learning experiences.

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5. Evidence based upon the experience of overseas school systems lend the strongest support to the belief that schools will never solve or even contain this very critical problem by the addition of large numbers of itinerant remedial reading teachers or diagnostic clinics. The results of the work of one researcher will serve to illustrate this point. Palmatier (in Durr, 1970, pp 215-225) after a study of a particularly competent clinic (Clarke County Reading Centre, Georgia) with an unusually large staff, found that it could offer only:

- one-sixteenth of the need for diagnostic service
- one-eighth of the needed student tutorial service
- one-third of the desired inservice teacher instruction

(Palmatier, p. 223) estimates that for an eleven school district containing 220 teachers and 7,000 pupils, a clinic would need a total staff of about 30 persons to provide an adequate service. This staff would contain 22 itinerant remedial reading teachers who would work within the setting of the child's own classroom. The ultimate aim of this scheme would be to improve the training of teachers to such an extent that they would meet their own diagnostic requirements and provide effective preventative and corrective instruction within their own classrooms. In N.S.W. such a clinic would be needed in every inspectorate.

My second line of approach to this problem has been through a research study which called upon teachers to provide comprehensive information concerning their current practice in the diagnosis and treatment of reading difficulties within their own classrooms and schools in New South Wales. Some one hundred and fifty teachers from primary and infants schools took part. The sample was truly representative of teachers from these schools. Involvement in the study was purely voluntary.

Careful and detailed analysis of the results of this study revealed that diagnosis and treatment of reading difficulties within the primary school is unsuccessful and inadequate.

1) In the field of measurement, testing is generally poorly developed with a lack of understanding of the types of tests and their limitations and use. Much reliance is placed on

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simple attainment word recognition tests which yield little if any diagnostic information. Many do not carry out any form of testing at all.

- 2) Prevalence figures stated by the teachers were high and in keeping with those quoted by other authors. Teachers claim that only a very small percentage are receiving any form of assistance at all. Individualised instruction does not extend to the largest majority of these children.
- 3) Many teachers claim that such things as children's bookwork, discipline and chalkboard preparation receive a much higher priority than does diagnosis and treatment of reading problems.
- 4) Where such factors as the home and family environment, personality and social development, school and medical history and present physical status are considered there appears to be an over emphasis upon a few factors which may or may not be significant. There is little development of the teacher's powers of observation and of diagnostic aids and records. Sources of information are indeed severely limited and in need of much development.
- 5) Most teachers felt it was their duty and responsibility to diagnose and treat the problems of retarded readers within the classroom. Comments indicate a grave concern with the problem. Teachers urged more, much more and better pre-service and inservice training, more equipment, more supporting specialists if they are ever to provide successful remedial education.

So, with such weight of "evidence" behind you, you can readily find yourself in the position where with some conviction you might cast a vote in favour of immediate special programmes of pre-service and in-service training and preparation of teachers in the diagnosis and treatment of reading difficulties. Only such a programme could bring about this "early diagnosis and treatment" urged during this World Congress by Dr Malmquist. During a discussion with Dr Malmquist this morning, he told me that before his longitudinal research studies could be initiated, all teachers

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taking part spent one year enrolled in intensive in-service training courses in the diagnosis and treatment of reading problems.

There is little question that the demand for in-service education is increasing rapidly. The needs of teachers to keep abreast of the times, the thirst of teachers for new skills, knowledges and understandings, the changes in curriculum, and changes of certification requirements all have much to do with a demand for inservice education which seems to be gaining in momentum.

When inquiry turns to research and literature the search is all but fruitless. Obviously it is not sufficient simply to state that we need massive inservice training programmes. There are many questions to be investigated. Who should provide it? What should it contain? Consider also the conditions of inservice education. There has been tremendous variation in the quality of inservice programmes provided. Often a teacher has involved himself in considerable personal expense, travelled some hundreds of miles to find himself present at lectures which range from stimulating to some other extreme. Mostly there is little carry over to the problems that this teacher faces in the classroom.

But an important direction by which we may come at this problem of ensuring adequate provision for retarded readers in the future is through inservice education programmes. Such a programme I have been involved in developing. The objective was to develop strong commitment to the concept of improving the instructional programme for retarded readers in the school and to provide the teacher with knowledge, skills and understandings of a practical

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nature, plus a specific approach capable of adaption to individual classroom situations.

It is imperative that teachers complete such a course feeling sufficient competence to try out and evaluate new methods and approaches in the classroom, therefore every effort was made in this programme to ensure teacher involvement both in developing understanding of HOW and WHY certain procedures are more successful than others and in the actual practice of those procedures.

In preparing this course it was necessary to consider carefully both the positive and the negative features of such courses in general. Here emphasis is given to the positive side but the negative equivalents will be evident. When teachers gather for inservice training courses they come prompted by many different motives with innumerable felt-needs from a staggering variety of school and classroom settings. If the programme sets out to satisfy some of these needs then some steps will be taken to see that the course organiser is more than vaguely aware of just what these are perhaps through a questionnaire sheet distributed prior to the course.

Many will demand that the course meet some practical problem which they are seeking to solve in the learning situation for which they claim responsibility. Obviously the cry for a practical course means quite a variety of things to people in different positions. More often than not a lecturer with a background remote from the critical issues of the classroom will view the practical as something which flows inevitably from the theory and

so proceeds to lay strong foundations for much practical innovation. Unfortunately, this link between the theory and the practice so clearly perceived by the lecturer, for the teacher does not exist at all. Result - teachers are left floundering around in a sea of innovative theory which seems very confusing and strange. For the teacher, the practical means:

1. Issues that are alive and of direct relevance to his situation
2. Explanation of the actual mechanics of some method using the actual words he will speak to the children. Many prefer to become the "class" for the duration of the course and so see it all from the children's viewpoint.
3. Actual observation of techniques used with children
4. Observation of techniques used with children in circumstances similar to his own classroom.
5. Mock-up situations of testing, interviews, remedial techniques.
6. Group discussions of prepared questions on the most relevant questions to classroom instruction, with reports to the whole group for further evaluation and discussion by the members of the course.
7. Practical assignments so that they may involve themselves with the children under their charge in their own classrooms.
8. Brief periods of lecturing and much time for small group discussion and assignments.
9. Use of films and slides (especially freer use of slides)
10. Panel discussion by various experts with group discussion
11. Invited speakers on special subjects followed by group discussion
12. Inspection and actual evaluation of materials and equipment available.

All of these suggestions were made by teachers involved in an inservice programme. This particular programme developed by myself sought to provide for these needs. At the conclusion of

the course which ran over ten weeks for two hours after school one day a week teachers completed an evaluation questionnaire. Most of the teachers completed the questionnaire and rated the course VERY INTERESTING to EXTREMELY BENEFICIAL; VERY PRACTICAL to EXTREMELY PRACTICAL. The course saw the purchase of remedial reading materials in excess of \$1,000. Teachers made many helpful suggestions to add to the effectiveness of the course.

It is possible to conduct inservice training courses which stimulate beneficial activity in the direction of the child in need. Many questions remain to be answered. Just how ~~much~~ much has been gained by this programme in terms of successful remedial programmes for problem readers? How much of that equipment purchased is now lying idle or not being used to the fullest extent? What factors persist in our schools to resist efforts in the direction we have been considering? Further research is urgently called for to investigate these questions.

While children continue to fail in reading and while teachers continue to be concerned for the welfare of children, the teacher has to discard the role of spectator for the role of involvement. This involvement can only be acceptable when diagnosis becomes the very basis of all teaching, when diagnosis is geared to the discovery of causes as well as symptoms, when it is supported by evidence from other sources, when the teacher employs tools and techniques to ensure a systematic approach and only when diagnosis stimulates successful remedial action for the child.

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